

Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e							one form for e	ach bus route that
		ough transp	ŭ	, ,				Rate Per Mile
Due Date All Routes			Octo	ounty Suprocer 1	ı	To OPI October 15		\$1.80
County Name			County Number	District	Name			Legal Entity Number
Lake			24	Arlee	Public S	chools		0474 0475
Route #	Lengt	th of Route	(miles per day)	Type of Service ☐ Bus Route M				Rated Capacity
4B	34.2	!		Bus R	oute Mile	☐ Non Bus Milea	age	84
Vehicle I.D. #		License #		□ District	Owned		District Owr	ned
8359		444			ct - If so, N cted rate p	lame of Owner per mile		
Reimbursement Distribution- Er	nter the	legal entity				oursement to be pa	aid to each di	strict. Note: Percentages
Legal Entity		Legal Enti		tch budget Legal E			Legal Enti	ty
0474		C)475					
% 67.00	% 67.00 % 33			%			%	
PASSENGER INFORMATION								
Number of Preschool/Kindergal riding this route	rten pup	oils	ELEMENTARY RIDE (Grades PK-8)	RS	H	IIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/liriders)	Kinderga	arten						<u> </u>
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attention								
agreement) (Include ineligible Preschool/Kinderg		ders)						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus w County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lic We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts sl We understand route changes of accordance with 20-10-132, MCA.	We furth ous and be meets the ensed, quiciting or the laws es district hall be at accurring of the force.	ner certify that bus route by ne minimum pualified and causing oth s, rules or rea t lines and treat ttached to the during the se	at this bus transports pupils e the State Superintendent; to standards as established by approved driver to operate si lers to solicit students from of gulations governing school tra- ransports students from outside the county superintendent's co- chool year require the filing of	ligible for sch make such r the Board of uch vehicle a ther transpor ansportation de the distric py of this do f an amende	nool transpore ports to the Public Educus required b tation areas. will be sufficet, a copy of the comment.	rtation as defined by a State Superintende cation, the Montana log 20-10-103, MCA. cient cause for withhouse the agreement between and approval of the	20-10-101, MC ent and County Highway Patrol olding of state a een Boards, 20- County Transp	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in
I certify that this application for bus operates on the route as ap	•					•	•	
Signature - Chair, Board of Trustees						<u> </u>	Date	
County This Application for Registration area assigned to it by the Coun	n of Sch	nool Bus ar						
Signature - Chair, County Transport			23				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is require	ed in accordance	ce with Title	e 20, C	Chapter 10, Part 1, MCA	A. School o	listrict official	must complete of	one form for ea	ach bus route that
	nbursement eve	en though t		ortees of another legal e			vices.		Rate Per Mile
	Due Dates: All Routes				ounty Supper 1	ot	To OPI October 15		\$1.80
County Name				County Number	Distric	t Name			Legal Entity Number
Lake				24	Arlee	Public Sc	chools		0474 0475
Route #		Length of F	Route	(miles per day)	Type of Service ☐ Bus Route Mi			-	Rated Capacity
5		57.2			Bus	Route Mile	□ Non Bus Milea age	age	84
Vehicle I.D. #	<u> </u>	Licen	se#		□ Distri	ct Owned		District Own	ed
3014 555						act - If so, Na acted rate pe	ame of Owner er mile		
Reimbursement Di	istribution- Ente	er the legal	entity				irsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity Legal Er					atch budge Legal			Legal Entit	ry
0474			04	475					
% 67.00 %			33.	00	%			%	
PASSENGER INF		,,,			70			,,,	
Number of Preschoriding this route	ool/Kindergarte	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HI	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
				a NUMBER			b NUMBER		С
Regular (include eligi	ible Preschool/Kir	ndergarten		NOWBER			NUMBER		a + b
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)								
Additional Wheelchai	irs (WC)								
Non-WC IEP Lists Tr	ans as Related S	Service							
TOTAL ELIGIBLE	RIDERS								
Ineligible Public Scho miles OR nonresiden									
agreement) (Include ineligible Pre									
Nonpublic School Ric		,							
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees									
	County T-	anenortoti	ion Co	mmittee Approval co	roquirod i	accordono	a with Saction	20_10_132_M/C	` <u>`</u>
This Application fo area assigned to it	r Registration of	of School B	Bus and						within the transportation
Signature - Chair, Co	ounty Transportati	ion Committe	ee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that	
Due Dates All Routes				County Supober 1	t To OPI October 15		Rate Per Mile \$1.80	
County Name			County Number	District	Name		Legal Entity Number	
Lake			24	Arlee	Public Schools		0474 0475	
Route #	Length	of Route	(miles per day)	Type o	f Service Bus Route Mi Non Bus Mile	-	Rated Capacity	
1	47.2			Bus F	Route Mileage	age	82	
Vehicle I.D. #	L	icense #		□ District	t Owned [lct - If so, Name of Owner	District Own	ed	
9403 353					cted rate per mile			
Reimbursement Distribution- En	iter the l	egal entity		e of state/co		aid to each dis	trict. Note: Percentages	
Legal Entity Legal Entity 0474 0475			у	Legal E		Legal Entit	у	
0474			475					
% 67.00 %			.00	%		%		
PASSENGER INFORMATION			ELEMENTA DV DID	-00	LIIOU COLLOGI, DI	DEDO	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupi	ls	ELEMENTARY RIDI (Grades PK-8)	EKS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/h riders)	Kindergar	ten	NOMBER		HOMBER		u · b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten ride	ers)						
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees								
County 1 This Application for Registration					accordance with Section 2			
area assigned to it by the Count	y Transı	portation C		. Has been to	one was and recently that this		main are transportation	
Signature - Chair, County Transporta	ation Con	nmittee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is require receives state reim	bursement ever Due Dates:			other legal e	ntity may ut ounty Supt	lize the serv	ices. To OPI		Rate Per Mile
	All Routes			Octo	ber 1		October 15		\$1.80
County Name			County Nu	ımber	District	Name			Legal Entity Number
Lake			24		Arlee	Public Sch	nools		0474 0475
Route #	L	ength of R	oute (miles per d	ay)	Type of Service ☐ Bus Route Mile				Rated Capacity
4	5	50.2			Rue R	oute Milea	Non Bus Milea	ige	84
Vehicle I.D. #		Licens	e #		□ District		•	istrict Own	
8359 444						ct - If so, Na cted rate per	me of Owner mile		
Reimbursement Dis	stribution- Enter	the legal e	entity number and		of state/co		sement to be pa	id to each dis	strict. Note: Percentages
Legal Entity		Legal		must me	Legal E			Legal Entit	у
0474			0475						
% 67.00 %			33.00		%			%	
PASSENGER INFO	ORMATION								
Number of Preschoriding this route	ool/Kindergarten	n pupils		ITARY RIDE ades PK-8)	RS	HIG	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
			a			р			C
Regular (include eligit	ole Preschool/Kind	dergarten	IN	UMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchair	rs (WC)								
Non-WC IEP Lists Tra	ans as Related Se	ervice							
TOTAL ELIGIBLE	RIDERS								
Ineligible Public Scho									
agreement) (Include ineligible Pre									
Nonpublic School Rid	ers (ineligible)	orr riddio)							
TOTAL RIDERS									
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bus operates on the									
Signature - Chair, Boa		•						Date	
This Application for area assigned to it	Registration of	School Bu							A. within the transportation
Signature - Chair, Cou	, ,							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev									
Due Dates All Routes	:		To Cor Octobe	unty Supt er 1	To OPI October 15		Rate Per Mile \$1.57		
County Name		County Number	•	District	Name		Legal Entity Number		
Lake		24			Public Schools		0474 0475		
Route #	Length of Ro	oute (miles per day)		Type of Service ☐ Bus Route Mi ☐ Non Bus Mile			Rated Capacity		
2	36.4			•	oute Mileage		78		
Vehicle I.D. #	License 27	e #	-	□ District□ Contra	Owned ct - If so, Name of Owner	District Own	ed		
8108			□ Contra	cted rate per mile					
Reimbursement Distribution- Ent	ter the legal e			of state/co ch budget		aid to each dis	strict. Note: Percentages		
Legal Entity Legal Entity 0474 0475				Legal E	ntity	Legal Entit	у		
% 67.00	33.00		%		%				
PASSENGER INFORMATION		ELEMENTAR	Y RIDER	!S	HIGH SCHOOL R	IDERS	TOTAL		
Number of Preschool/Kindergart riding this route	en pupils	(Grades F	PK-8)		(Grades 9-12	2)	ELIGIBLE RIDERS		
		a NUMBI	FR		b NUMBER		c a+b		
Regular (include eligible Preschool/K riders)	indergarten	TTO ME			NOMBER		u i b		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda agreement)									
(Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	arten riders)								
TOTAL RIDERS									
We hereby certify that this bus will County Transportation Committee. V We agree to supervision of this bus required; to provide a vehicle which in Superintendent; and to provide a lice. We also agree to refrain from solid We understand that violations of this bus route. We agree that if this route crosses the school boards of both districts show we understand route changes occurred accordance with 20-10-132, MCA.	Ve further certifus and bus rout meets the minin msed, qualified biting or causin he laws, rules or district lines a sall be attached curring during t	y that this bus transports e by the State Superinten num standards as establis and approved driver to op g others to solicit students or regulations governing s and transports students fro the county superintendine school year require the	pupils eligident; to me shed by the perate such section of the school transment of the school transment of the school transment of the school school transment of the school t	gible for sch nake such ro ne Board of ch vehicle a er transport nsportation e the district y of this doc an amended	nool transportation as defined by eports to the State Superintend Public Education, the Montana s required by 20-10-103, MCA. tation areas. will be sufficient cause for with t, a copy of the agreement betwoursent. d TR-1 form and approval of the	y 20-10-101, MC, ent and County S Highway Patrol a colding of state and eeen Boards, 20-2 County Transport	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in		
I certify that this application for rebus operates on the route as app									
Signature - Chair, Board of Trustees						Date			
This Application for Registration	County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation								
area assigned to it by the County Signature - Chair, County Transporta						Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

		ven thouç s:				nay utiliz	e the servi			ach bus route that Rate Per Mile \$1.80
County Name				County Number	Dis	istrict Na	ame			Legal Entity Number
Lake				24	Ar	rlee Pu	ublic Sch	ools		0474 0475
Route #		Length	of Route	te (miles per day) Type of Service Bus Rou			Bus Route Mil		Rated Capacity	
3		26.8			Bı	us Roi	□ ute Milea	Non Bus Milea	ige	84
Vehicle I.D. #		Lic	cense #		1 '	istrict O		•	istrict Own	ied
2489 196			96				- If so, Nan ed rate per	ne of Owner mile		
Reimbursement D	istribution- En	iter the le	egal entity		age of sta		ty reimburs	sement to be pa	id to each dis	strict. Note: Percentages
Legal Entity Legal E 0474			egal Entit 0			egal Enti	ty		Legal Entit	ty
% 67.00 %			% 33	3.00		%			%	
PASSENGER INF	ORMATION									
Number of Presch riding this route	nool/Kindergart	ten pupils	s	ELEMENTARY R (Grades PK-			HIG	H SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
				a NUMBER			b NUMBER			c a+b
Regular (include elig	ible Preschool/K	Kindergarte	en					-		
1st Wheelchair (WC))									
2nd Wheelchair (WC	()									
Additional Wheelcha	irs (WC)									
Non-WC IEP Lists T	rans as Related	Service								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Sch miles OR nonresider agreement) (Include ineligible Pr Nonpublic School Ri	nt and no attendareschool/Kinderg	ance	rs)							
TOTAL RIDERS										
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bus operates on the	he route as ap	proved b		thin the transportation					sportation Co	
Signature - Chair, Bo									Date	
area assigned to i	or Registration t by the Count	of School y Transp	ol Bus an ortation (CA. s within the transportation
Signature - Chair, Co	ounty Transporta	ation Com	mittee						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

		en though to				tilize the serv		one form for e	ach bus route that Rate Per Mile \$1.80
County Name				County Number	District	Name			Legal Entity Number
Lake				24	Arlee	Public Scl	nools		0474 0475
Route #		Length of F	Route	(miles per day)		Type of Service ☐ Bus Route Mile			Rated Capacity
6		26.8			Rus F	coute Mile	☐ Non Bus Milea	age	84
Vehicle I.D. #		□ Distric		•	District Own	ned			
3894		161				ict - If so, Na icted rate pe	me of Owner r mile		
Reimbursement D	istribution- Ent	ter the legal	entity		e of state/co		rsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity Legal En 0474					Legal E			Legal Entit	ty
% 67.00 %			33.	.00	%			%	
PASSENGER INF	ORMATION								
Number of Presch riding this route	ool/Kindergart	en pupils		ELEMENTARY RIDI (Grades PK-8)	ERS	HIC	Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER			c a+b
Regular (include elig	ible Preschool/K	indergarten		NOMBER			HOMBER		a v
1st Wheelchair (WC))								
2nd Wheelchair (WC	·)								
Additional Wheelcha	irs (WC)								
Non-WC IEP Lists Tr	ans as Related S	Service							
TOTAL ELIGIBLE	RIDERS								
Ineligible Public Schomiles OR nonresider agreement) (Include ineligible Pronopublic School Richards)	nt and no attenda	ance							
TOTAL RIDERS	ders (mengible)								
TOTAL RIBERS									
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				ool bus and state reimbu hin the transportation se					edge and belief, and the mmittee.
Signature - Chair, Bo				,		- 2-g2w 2y C		Date	
This Application fo	r Registration	of School B	us and						CA. s within the transportation
Signature - Chair, Co								Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 Legal Entity Number County Name County Number District Name Arlee Public Schools 0474 0475 Lake Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 82 21.2 Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 9403 353 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0474 100.00 % % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with Title 20, Chapter 10, Part 1, McA. School district official must complete one form for each bus route that receives state remoths remove the must be part to county state. Due Dates:	This forms is no miles at the second		T:H- 00 /	Ob 40 D 4 MOA	0-11-1	-t.:-t -ff:-:- t -t-		and the control of the state of		
Due Dates: All Routes County Name							one form for ea	ach bus route that		
County Name County Name County Number County Num	Due Date			To C	ounty Sun	t To OPI		Rate Per Mile		
Lake							;	\$1.80		
Lake	County Name			County Number	District	Name		Legal Entity Number		
Route # Length of Route (miles per day) 154.2 Bus Route Mileage Bus Route Mileage Bus Route Mileage 84 8709 94 Contract - If so, Name of Owner Contract - If so, Nam	,				Doloo	n Dublic Cobools				
Non-Bus Mileage 84		Length	of Route	1 = ·			leage			
Vehicle LD. # License # District Owned District Owned Gorardat- if so, Name of Owner	10	154.2			D 5		age	94		
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must march budget: Legal Entity 0477 Legal Entity 0478 Solo Solo Solo Solo Solo Solo Solo Solo			cense #				District Own			
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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.								-		
	This Application for Registration	n of Schoo	ol Bus an	d State Reimbursement						
	·			Johnnie G.			Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

			T '' 0			0				
				Chapter 10, Part sportees of anothe					one form for ea	ach bus route that
receives state rem		CII tilou	agii tidi	ioportees of unotife	i legal el	inty may at	20 110 00	1 11000.		Rate Per Mile
	Due Dates	:				ounty Sup	t	To OPI		#0.0F
	All Routes				Octob	per i		October 15		\$0.95
County Name				County Number	er	District	Name			Legal Entity Number
Lake				24		Polso	n Public	Schools		0477 0478
Route #		Length	n of Rou	ute (miles per day)		Type of	f Service	□ Bus Route Mi		Rated Capacity
2		109.6	3			Buo B	Pouto Mila	☐ Non Bus Mile	age	30
Vehicle I.D. #			icense	#		☐ District	Route Mile		l District Own	
								lame of Owner	JISHICL OWII	eu
1284 92					□ Contra	cted rate p	er mile			
Reimbursement D	istribution- Ent	ter the le	legal en					ursement to be p	aid to each dis	trict. Note: Percentages
Legal Entity		L	_egal E		must ma	tch budget Legal E			Legal Entit	V
			0478		3	,			,	
% 60.00 %			40.00		%			%		
PASSENGER INF	ORMATION						1			
Number of Preschool/Kindergarten pupils			ELEMENTAF (Grades		RS	Н	IGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
riding this route			(3.4433	, , , , , ,			(8,000,012	,	ELIGIBLE MIDEING	
				а	b			С		
					NUMBER			NUMBER a + b		
Regular (include elig riders)	ible Preschool/K	indergart	ten							
1st Wheelchair (WC))									
2nd Wheelchair (WC	5)									
Additional Wheelcha	irs (WC)									
Non-WC IEP Lists Tr	rans as Related S	Service								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Scho										
miles OR nonresider agreement)	nt and no attenda	ance								
(Include ineligible Pro Nonpublic School Ric		arten ride	ers)							
·	ders (mengible)									
TOTAL RIDERS										
We hereby certify	that this bus will	l operate	e entirely	on the route establish	ned by the	Board of Tru	ustees and w	vithin the transporta	tion area assigne	ed and approved by the
County Transportation	on Committee. W	Ve furthe	er certify	that this bus transport by the State Superinte	s pupils el	igible for sch	nool transpor	tation as defined by	20-10-101, MC	Α.
required; to provide a	a vehicle which n	neets the	e minimu	ım standards as estab	lished by t	the Board of	Public Educ	ation, the Montana	,	•
				nd approved driver to others to solicit studer						
We understand th									olding of state a	nd county reimbursement for
								he agreement betw	een Boards, 20-	10-126(2) MCA, signed by
				the county superinter e school year require tl				and approval of the	County Transpo	ortation Committee in
accordance with 20-	10-132, MCA.									
				chool bus and state within the transport						edge and belief, and the mmittee.
Signature - Chair, Board of Trustees							<u> </u>	.,	Date	
	County T	ranenc	rtation	Committee Appro	val as =	aquired in	accordan	co with Section	20_10_132 MC	٠٨
This Application fo										within the transportation
area assigned to it				n Committee.					I B. I.	
Signature - Chair, County Transportation Committee									Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e								one form for e	ach bus route that
		ough train	isportees of another to	Ü					Rate Per Mile
Due Dates All Routes				Octobe	nty Supt r 1		To OPI October 15		\$0.95
County Name			County Number		District	Name			Legal Entity Number
Lake			24		Polsor	Polson Public Schools			0477 0478
Route #	Lengt	th of Rou	ite (miles per day)	Type of Service ☐ Bus Route Mil			□ Bus Route Mi		Rated Capacity
8	50.1				Rus R	oute Mil	☐ Non Bus Milea	age	45
Vehicle I.D. #		License	#		District			District Owr	
2837		267				ct - If so, N cted rate p	Name of Owner per mile		
Reimbursement Distribution- En	ter the	legal en					oursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity		Legal E		ust matc	h budget Legal E			Legal Enti	ty
0477			0478			-			
% 60.00 PASSENGER INFORMATION		%	40.00		%			%	
			ELEMENTARY		3	H	IIGH SCHOOL RI		TOTAL
Number of Preschool/Kindergar riding this route	ten pur	oils	(Grades P	K-8)			(Grades 9-12)	ELIGIBLE RIDERS
			a NUMBE	R			b NUMBER		c a+b
Regular (include eligible Preschool/hriders)	Kinderga	arten							
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service	1							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend									
agreement) (Include ineligible Preschool/Kinderg	arten rio	ders)							
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which is Superintendent; and to provide a lice We also agree to refrain from soli We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts sh We understand route changes of accordance with 20-10-132, MCA.	We furth us and be meets the ensed, quiciting or the laws as district all be a curring or the laws.	ner certify bus route ne minimu qualified and causing of s, rules or t lines and ttached to during the	that this bus transports p by the State Superintend m standards as establish nd approved driver to ope others to solicit students regulations governing so d transports students from the county superintende e school year require the	pupils eligi lent; to man hed by the erate such from othe school trans m outside ent's copy filing of a	ible for sch ake such re Board of n vehicle a er transport sportation v the district of this doo n amended	eports to the Public Educe s required be tation areas will be suffice, a copy of the tation areas the tation areas and the tation areas are the tation areas are the tation areas are the tation are the	rtation as defined by a State Superintende cation, the Montana by 20-10-103, MCA. cient cause for withhouse the agreement between and approval of the	20-10-101, MC ent and County Highway Patrol olding of state a een Boards, 20- County Transp	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in
I certify that this application for r bus operates on the route as ap									
Signature - Chair, Board of Trustees		•	·				·	Date	
County 1 This Application for Registration			Committee Approva and State Reimburse						
area assigned to it by the Count Signature - Chair, County Transporta			n Committee.				•	Date	•
orginature - Orian, County Transport	auon C0							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev							
Due Dates All Routes				ounty Sup	To OPI October 15		Rate Per Mile \$1.80
County Name			County Number	District	Name		Legal Entity Number
Lake			24	Polso	n Public Schools		0477 0478
Route #	Length of	Route	(miles per day)	Type of	f Service □ Bus Route Mi □ Non Bus Mile	•	Rated Capacity
9 48				Bus R	toute Mileage		88
Vehicle I.D. #	275	nse#			ct - If so, Name of Owner	District Own	ed
Reimbursement Distribution- En			number and percentage		cted rate per mile	aid to each dis	trict_Note: Percentages
			must m	atch budget	!		
Legal Entity Legal Entity 0477 0478				Legal E	nuty	Legal Entit	y
% 60.00 % 40.00			.00	%		%	
PASSENGER INFORMATION							
Number of Preschool/Kindergard	ten pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/Kindergarten riders)			NOMBLIC		NOMBER		a · b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., wiles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg	ance						
Nonpublic School Riders (ineligible)	jarten nuers)						
TOTAL RIDERS							
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this but required; to provide a vehicle which is Superintendent; and to provide a lice. We also agree to refrain from solitive understand that violations of this bus route. We agree that if this route crosse the school boards of both districts show understand route changes oc accordance with 20-10-132, MCA.	We further ce us and bus ro meets the mi ensed, qualifi- iciting or caus the laws, rule s district lines hall be attach	rtify that pute by t nimum s ed and a sing othe s or reg s and tra ed to the	this bus transports pupils of the State Superintendent; to standards as established by approved driver to operate sers to solicit students from culations governing school transports students from outs a county superintendent's or	eligible for school make such rothe Board of such vehicle a wither transportation did the districtory of this do	nool transportation as defined by eports to the State Superintend. Public Education, the Montana is required by 20-10-103, MCA. tation areas. will be sufficient cause for withh t, a copy of the agreement betwoument.	v 20-10-101, MC, ent and County S Highway Patrol a olding of state an een Boards, 20-	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by
I certify that this application for r bus operates on the route as ap	0				•	,	9
Signature - Chair, Board of Trustees		ariu Will	mi die dansportation se	i vice aled a	issigned by the County ITall	Date	minuce.
County T This Application for Registration area assigned to it by the Count	of School I	Bus and	d State Reimbursement		accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transporta			-			Date	_



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This famous is no socious discourse and		T:41 - 00	Ob 40 D 4 1 1 1 0 1	0-11-1	-t.:-t -ff:-:- t -t-					
This form is required in accordate receives state reimbursement e						one form for ea	ach bus route that			
Due Dete			To 0	aumtu Cum	To ODI		Rate Per Mile			
Due Date All Routes				ounty Supr ber 1	t To OPI October 15	:	\$0.95			
County Name			County Number	District	Nama	1	Local Entity Number			
County Name			County Number	District	name		Legal Entity Number			
Lake			24		n Public Schools		0477 0478			
Route #	Length	of Route	e (miles per day)	Type of	FService ☐ Bus Route Mi☐ Non Bus Mile	-	Rated Capacity			
13	52.2			Bus R	Route Mileage	age	45			
Vehicle I.D. #	Li	icense #		□ District		District Own	ed			
3980	1	05			ct - If so, Name of Owner cted rate per mile					
Reimbursement Distribution- E	nter the le	egal entity	y number and percentage			aid to each dis	trict. Note: Percentages			
		•	must m	atch budget	!					
Legal Entity 0477		egal Enti. 0	ty)478	Legal E	ntity	Legal Entity	y			
% 60.00 %			0.00	%		%				
PASSENGER INFORMATION			ELEMENTA DV DIDE		LIIOU COULOOL D	DEDO	TOTAL			
Number of Preschool/Kindergarten pupils			ELEMENTARY RIDE (Grades PK-8)	:RS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS			
riding this route			,		,	•				
			а		b		С			
Regular (include eligible Preschool/Kindergarten			NUMBER		NUMBER		a + b			
riders) 1st Wheelchair (WC)										
, ,										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	d Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e.,										
miles OR nonresident and no attendagreement)										
(Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible)		ers)								
TOTAL RIDERS										
We hereby certify that this bus w										
County Transportation Committee. We agree to supervision of this to	bus and bu	ıs route by	the State Superintendent; to	make such r	eports to the State Superintend	ent and County S	Superintendent as are			
required; to provide a vehicle which Superintendent; and to provide a lice						Highway Patrol a	and the State			
We also agree to refrain from so We understand that violations of						olding of state ar	nd county reimbursement for			
this bus route.				•		· ·	,			
We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.										
accordance with 20-10-132, MCA.										
I certify that this application for bus operates on the route as a	•				•	•	•			
Signature - Chair, Board of Trustee:		- j and Wi	and admoportation de		and a sparie county ride	Date				
County This Application for Registration					accordance with Section and I certify that this					
area assigned to it by the Coun	nty Transp	oortation					III IIIIIIIIIIIIIIIIIIIIIIIIIIII			
Signature - Chair, County Transport	tation Com	nmittee				Date				



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is require	ad in accordance	with Title	20, Chapter 10, Part	1 MCA	School die	etrict official n	nust complete	one form for e	ach hue route that
			ansportees of anothe						
	Due Dates:			To Co	ounty Supt	i ·	To OPI		Rate Per Mile
	All Routes			Octob			October 15		\$1.80
County Name			County Numb	er	District	Name			Legal Entity Number
Lake			24		Polso	n Public So	chools		0477 0478
Route #	Le	ength of R	oute (miles per day)		Type of		Bus Route Mil	-	Rated Capacity
1	5	4.3			Bus R	oute Milea	Non Bus Milea	age	88
Vehicle I.D. #		Licens	e #		□ District	Owned		District Own	ed
9383		349				ct - If so, Nar cted rate per			
Reimbursement Di	stribution- Enter	the legal of	entity number and pe		of state/co tch budget		sement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity		Legal	Entity	IIIuSt IIIa	Legal E			Legal Entit	у
0477			0478						
% 60.00		%	40.00		%			%	
PASSENGER INF	ORMATION	,,			,,			,,	
Number of Presch	ool/Kindergarten	pupils	ELEMENTAI (Grades		RS	HIG	H SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route									
			a NUM				b NUMBER		c a + b
Regular (include eligi riders)	ble Preschool/Kind	lergarten							
1st Wheelchair (WC)									
2nd Wheelchair (WC))								
Additional Wheelchai	rs (WC)								
Non-WC IEP Lists Tr	ans as Related Ser	rvice							
TOTAL ELIGIBLE	RIDERS								
Ineligible Public Scho miles OR nonresiden									
agreement) (Include ineligible Pre									
Nonpublic School Ric		on nacro,							
TOTAL RIDERS									
We hereby certify			ely on the route establish						
We agree to supe	rvision of this bus a	and bus rou	te by the State Superintonum standards as estat	endent; to i	make such r	eports to the S	tate Superintende	ent and County	Superintendent as are
Superintendent; and We also agree to	to provide a license refrain from solicitir	ed, qualified ng or causin	and approved driver to g others to solicit stude	operate su nts from oth	ich vehicle a her transport	s required by 2 tation areas.	20-10-103, MCA.		
this bus route.					•			· ·	nd county reimbursement for
the school boards of	both districts shall I	be attached	to the county superinte	ndent's cop	by of this doo	cument.	J		10-126(2) MCA, signed by
	the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this ap	I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the								
bus operates on the route as approved by and within the transportation ser Signature - Chair, Board of Trustees						ooigiieu by li	ic County Hall	Date	minuco.
This Application fo			on Committee Appro is and State Reimbur						CA. within the transportation
area assigned to it Signature - Chair, Co	<u> </u>						-	Date	-
orginature - Oriali, CO	unty manaponalion	Committe	•					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is require	ed in accordance	ce with Title	20 Cl	hapter 10, Part 1, MCA	School	istrict official	must complete	one form for e	ach bus route that
				rtees of another legal e					Rate Per Mile
	Due Dates: All Routes				ounty Sup ber 1	ot	To OPI October 15		\$1.80
County Name				County Number	Distric	t Name			Legal Entity Number
Lake				24	Polso	Polson Public Schools			0477 0478
Route #	1	Length of R	Route (r	miles per day)		of Service	□ Bus Route Mi	•	Rated Capacity
14		55.6			Bus I	Route Mile	□ Non Bus Milea age	age	89
Vehicle I.D. #		Licens	se#		□ Distric	t Owned		District Own	ed
8588		305				act - If so, Na acted rate pe	ame of Owner er mile		
Reimbursement Di	istribution- Ente	er the legal	entity r				rsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity		Legal	Entity		atch budge Legal I			Legal Entit	ry
0477			047	78					
% 60.00		%	40.0	00	%			%	
PASSENGER INF		, ,		· <u>·</u>	,,			,,,	
Number of Prescheriding this route	ool/Kindergarte	n pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HI	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
				a			b		С
Regular (include eligi	ible Preschool/Kin	ndergarten		NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)								
Additional Wheelchai	irs (WC)								
Non-WC IEP Lists Tr	ans as Related S	ervice							
TOTAL ELIGIBLE	RIDERS								
Ineligible Public Scho miles OR nonresiden									
agreement) (Include ineligible Pre									
Nonpublic School Ric	ders (ineligible)	•							
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees									
								20.40.400.55	
This Application fo area assigned to it	r Registration o	of School Bu	us and						cA. within the transportation
Signature - Chair, Co	ounty Transportation	on Committe	ee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement

1 copy State Supt. 1 copy County Supt. 1 copy School District

Linda McCulloch, Superintendent

School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 Legal Entity Number County Name County Number District Name Polson Public Schools 0477 0478 Lake Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 89 61 Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 4111 83 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0477 0478 40.00 % % % 60.00 % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades 9-12) **ELIGIBLE RIDERS** (Grades PK-8) riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

receives state reimbursement e										Rate Per Mile
Due Date: All Routes					To Cou	nty Supt	:	To OPI October 15		\$1.80
County Name				County Number		District	Name			Legal Entity Number
Lake				24		Polsor	n Public	Schools		0477 0478
Route #	Leng	gth of Ro	oute (n	niles per day)		Type of	Service	☐ Bus Route Miles		Rated Capacity
5	61				Bus R	oute Mile	□ Non Bus Mileaeage	ige	89	
Vehicle I.D. #		License	e #			District	Owned	D	istrict Own	ed
8589		48					ct - If so, N cted rate p	ame of Owner er mile		
Reimbursement Distribution- Er	nter the	e legal e	entity n			f state/co	unty reimb		id to each dis	trict. Note: Percentages
Legal Entity		Legal I	Entity	m	nust matc	h budget Legal Ei			Legal Entity	/
0477			047	78			•			
0/ 00 00		%	40.0	0		0/			%	
% 60.00 PASSENGER INFORMATION	_	70	40.0	0		%			70	
Number of Preschool/Kindergar	ten nu	ınils		ELEMENTARY (Grades P		3	Н	IGH SCHOOL RIE (Grades 9-12)		TOTAL ELIGIBLE RIDERS
riding this route		apiio		(Grades r	1(0)			(014465 5 12)		ELIGIBLE NIBERO
				а	-n			b		C
Regular (include eligible Preschool/l	Kinderg	jarten		NUMBE	-K			NUMBER		a + b
riders) 1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	l Service	e								
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e.,	under 3	3								
miles OR nonresident and no attendagreement)										
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		riders)								
TOTAL RIDERS										
IOTAL RIDERS										
We hereby certify that this bus w County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lici We also agree to refrain from sol We understand that violations of this bus route.	We furt ous and meets t ensed, iciting o	ther certif bus rout the minin qualified or causin	fy that the by the num star and ap gothers	his bus transports p e State Superintend andards as establis proved driver to op s to solicit students	pupils eligi dent; to ma shed by the perate such s from othe	ible for sch ake such re e Board of n vehicle a er transport	ool transpor eports to the Public Educ s required by ation areas.	tation as defined by State Superintende ation, the Montana H y 20-10-103, MCA.	20-10-101, MCA nt and County S lighway Patrol a	A. Superintendent as are and the State
We agree that if this route crosse the school boards of both districts sl We understand route changes or accordance with 20-10-132, MCA.	hall be a ccurring	attached g during tl	to the o	county superintende ool year require the	ent's copy filing of a	of this doo	d TR-1 form	and approval of the	County Transpo	rtation Committee in
I certify that this application for bus operates on the route as ap										
Signature - Chair, Board of Trustees	3								Date	
County ⁻	Transp	portatio	n Con	nmittee Approva	al as req	uired in	accordanc	ce with Section 2	0-10-132, MC	Α.
This Application for Registration area assigned to it by the Coun					ement ha	s been re	viewed and	d I certify that this	bus operates	within the transportation
Signature - Chair, County Transport	ation C	ommittee	Э	-					Date	



Office of Public Instruction Linda McCulloch, Superintendent

Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** All Routes October 1 October 15 \$1.80 Legal Entity Number County Name County Number District Name Polson Public Schools 0477 0478 Lake Type of Service ☐ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 12 73.5Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 8710 333 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0477 0478 40.00 % % % 60.00 % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS**

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in

accordance with 20-10-132, MCA

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that	
Due Dates All Routes				County Sup ober 1	To OPI October 15		Rate Per Mile \$1.80	
County Name			County Number	Distric	t Name		Legal Entity Number	
Lake			24	Polso	on Public Schools		0477 0478	
Route #	Length	of Route	(miles per day)	Type	of Service □ Bus Route Mi □ Non Bus Mile		Rated Capacity	
3 64.6				Bus I	Route Mileage	aye	88	
Vehicle I.D. # License #						District Own	ed	
2366	9	91			act - If so, Name of Owner acted rate per mile			
Reimbursement Distribution- Er	nter the le	egal entity		ge of state/c		aid to each dis	trict. Note: Percentages	
Legal Entity 0477	L	egal Entit		Legal		Legal Entit	у	
0477			9470					
% 60.00		% 40	0.00	%		%		
PASSENGER INFORMATION			EL EMENTA DV DID		111011 0011001 B	DEDO	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupil	ils	ELEMENTARY RID (Grades PK-8)		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/k	Kindergart	ten	NOWBER		NOMBER		a + b	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		ers)						
TOTAL RIDERS								
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This Application for Registration	of Scho	ool Bus an	nd State Reimbursemen		n accordance with Section are viewed and I certify that this			
area assigned to it by the Count Signature - Chair, County Transport			Committee.			Date	·	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 Legal Entity Number County Name County Number District Name Polson Public Schools 0477 0478 Lake Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 88 11 82 Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 2367 413 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0477 0478 40.00 % % % 60.00 % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades 9-12) **ELIGIBLE RIDERS** (Grades PK-8) riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 Legal Entity Number County Name County Number District Name Polson Public Schools 0477 0478 Lake Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 89 81.6 Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 3979 34 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0477 0478 40.00 % % % 60.00 % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades 9-12) **ELIGIBLE RIDERS** (Grades PK-8) riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement ex							
Due Dates All Routes	: :		County Supt tober 1	To OPI October 15		Rate Per Mile \$1.57	
County Name		County Number	District	Name		Legal Entity Number	
Lake		24		atius K-12 Schools		0481	
Route #	Length of Rou	ute (miles per day)	Type of	Service Bus Route Mi Non Bus Mile		Rated Capacity	
8 78.5			1 .	oute Mileage	_	72	
3895	Vehicle I.D. # License # SN10			ct - If so, Name of Owner	Contractor C Johnson Tra		
Reimbursement Distribution- En		tity number and percentag		cted rate per mile	aid to each dis	trict Note: Percentages	
	Legal E	must r	match budget Legal E	!			
Legal Entity 0481	Legai Ei	nuty	Legal E	nuty	Legal Entit	y	
% 100.00	%		%		%		
PASSENGER INFORMATION							
Number of Preschool/Kindergart riding this route	ten pupils	ELEMENTARY RID (Grades PK-8)		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		a		b		C	
Regular (include eligible Preschool/K	Kindergarten	NUMBER		NUMBER		a + b	
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., umiles OR nonresident and no attendated agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance						
TOTAL RIDERS							
TOTAL RIBERS							
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I certify that this application for rebus operates on the route as ap							
Signature - Chair, Board of Trustees				<u> </u>	Date		
County T This Application for Registration area assigned to it by the Count	of School Bus	and State Reimbursemen		accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transporta					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e	ven though	transp	ortees of another legal er	ntity may uti	lize the ser	vices.		Data Dar Mila
Due Dates				ounty Supt		To OPI		Rate Per Mile
All Routes			Octob	per 1		October 15		\$1.57
County Name			County Number	District I	Name			Legal Entity Number
Lake			24	St Igna	atius K-12	2 Schools	0481	
Route #	Length of	Route	(miles per day) Type of			□ Bus Route Mi		Rated Capacity
5	64.4			Bus R	oute Mile	□ Non Bus Mile age	aye	71
Vehicle I.D. #	Lice	nse #		□ District			Contractor	
9368	NS	N7			ct - If so, Na cted rate pe		Jonnson Ir	ransportation ——
Reimbursement Distribution- En	iter the lega	al entity		of state/cou		rsement to be p	aid to each di	istrict. Note: Percentages
Legal Entity	Leg	al Entit		Legal Er			Legal Ent	ity
0481								
% 100.00	(%		%			%	
PASSENGER INFORMATION								_
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RIDEI (Grades PK-8)	RS	HIG	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/kriders)	Kindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance)						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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I certify that this application for r bus operates on the route as ap								
Signature - Chair, Board of Trustees							Date	
County 1 This Application for Registration area assigned to it by the Count	of School	Bus an		•			•	
Signature - Chair, County Transporta			John Milliou.				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement even though transportees of another legal entity may utilize the services.								
Due Dates	s:		To Co	ounty Supt		То ОРІ		Rate Per Mile
All Routes			Octob	per 1		October 15		\$1.57
County Name			County Number	District I	Name			Legal Entity Number
Lake			24	St Igna	atius K-12	2 Schools		0481
Route #	Length of	f Route	(miles per day)	Type of		□ Bus Route Mi		Rated Capacity
5A	70.4			Bus R	oute Mile	□ Non Bus Milea age	age	71
Vehicle I.D. #	Lice	ense #		□ District			Contractor C	
9368	NS	SN7			ct - If so, Na cted rate pe	ame of Owner control	Johnson Tra	ansportation —
Reimbursement Distribution- Er	iter the leg	al entity		of state/cou		rsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity	Leg	gal Entit		Legal Er			Legal Entit	у
0481								
% 100.00		%		%			%	
PASSENGER INFORMATION			ELEMENTA DV DIDE	DO 1		0110011001 B1	DEDO	TOTAL
Number of Preschool/Kindergar	ten pupils		ELEMENTARY RIDER (Grades PK-8)	RS	HI	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route								
			a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/h	Kindergarten	1	NOMBER			NOMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement)		,						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten nuers	,						
TOTAL RIDERS								
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b	We further c us and bus r	ertify that route by t	t this bus transports pupils eli the State Superintendent; to i	igible for scho make such re	ool transporta	ation as defined by State Superintende	20-10-101, MC ent and County S	A. Superintendent as are
required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sof	ensed, qualificiting or cau	fied and a using othe	approved driver to operate su ers to solicit students from otl	ich vehicle as her transporta	s required by ation areas.	20-10-103, MCA.	,	
We understand that violations of this bus route.		J		·			J	•
the school boards of both districts sh	We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in							
I certify that this application for a bus operates on the route as application.								
Signature - Chair, Board of Trustees		and Will	tilo talisportation ser	TICC GIGG AS	Joigi Ica Dy	and Oddinky Hall	Date	millio.
								-
This Application for Registration area assigned to it by the County	of School	Bus an						
Signature - Chair, County Transporta	ation Commi	ittee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda	ance with Title 20,	Chapter 10, Part 1, MCA	A. School dis	strict official must	complete one for	orm for eac	ch bus route that
receives state reimbursement e	even though transp	· ·	, ,			F	Rate Per Mile
Due Date All Route			County Supt ober 1		DPI ober 15	\$	1.57
County Name		County Number	District Name				Legal Entity Number
Lake		24		atius K-12 Sc			0481
Route #	Length of Route	(miles per day)	Type of		s Route Mileage n Bus Mileage	•	Rated Capacity
1	68		Bus R	oute Mileage			72
Vehicle I.D. #	License #		□ District	Owned ct - If so, Name c		ractor O	
4858	NSN1			cted rate per mile		5011 1141	
Reimbursement Distribution- E	nter the legal entity		e of state/co		ent to be paid to	each dist	rict. Note: Percentages
Legal Entity	Legal Entit		Legal E		Le	egal Entity	
0481							
% 100.00	%		%			%	
PASSENGER INFORMATION		ELEMENTA DV DID		1110110	OLIGOL BIRER	o 1	TOTAL
Number of Preschool/Kinderga riding this route	rten pupils	ELEMENTARY RIDI (Grades PK-8)	EKS		CHOOL RIDERS rades 9-12)	5	TOTAL ELIGIBLE RIDERS
		а			b		C
Regular (include eligible Preschool	/Kindergarten	NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	d Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no atten- agreement)	dance						
(Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible							
TOTAL RIDERS							
We hereby certify that this bus we County Transportation Committee. We agree to supervision of this required; to provide a vehicle which Superintendent; and to provide aliangle we also agree to refrain from some understand that violations of this bus route. We agree that if this route cross the school boards of both districts we understand route changes of accordance with 20-10-132, MCA.	We further certify that bus and bus route by meets the minimum tensed, qualified and liciting or causing oth the laws, rules or request district lines and triball be attached to the	at this bus transports pupils the State Superintendent; to standards as established by approved driver to operate sters to solicit students from a gulations governing school transports students from outsite county superintendent's c	eligible for schoon make such roy the Board of such vehicle a other transportation ransportation side the districtory of this document.	tool transportation a eports to the State Public Education, to s required by 20-10 tation areas. will be sufficient cau to a copy of the agre- cument.	as defined by 20-10 Superintendent and the Montana Highwol-103, MCA. Suse for withholding the ement between Bo	o-101, MCA d County Suray Patrol ar of state and oards, 20-10	uperintendent as are not the State d county reimbursement for 0-126(2) MCA, signed by
I certify that this application for bus operates on the route as a							
Signature - Chair, Board of Trustee	s			<u> </u>	Date	е	
County This Application for Registratio area assigned to it by the Cour	n of School Bus an						
Signature - Chair, County Transpor					Date	e	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e	nce with Title	20, Chapter 10, Part	1, MCA. S	chool dis	strict official mu	ust complete c	ne form for e	ach bus route that
		ansportees of another						Rate Per Mile
Due Dates All Routes			October	nty Supt		o OPI October 15		\$1.15
County Name		County Numbe	r	District	ct Name			Legal Entity Number
Lake		24		St Igna	atius K-12 S	Schools		0481
Route #	Length of Route (miles per day)				Service I	Bus Route Mile		Rated Capacity
2	55.6			Bus R	ı ⊔ oute Mileag	Non Bus Milea I e	ige	57
Vehicle I.D. #	Licens	se #		District	Owned	C	contractor (
9068	NSN	5			ct - If so, Name cted rate per n		ohnson Tra	ansportation —
Reimbursement Distribution- Er	iter the legal		centage of must match			ement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity	Legal	Entity	must mater	Legal E			Legal Entit	ty
0481								
% 100.00	%			%			%	
PASSENGER INFORMATION	,,							
Number of Preschool/Kindergar	ten pupils	ELEMENTAR (Grades		;		SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
riding this route		(2.3333	,			(
		а				b		С
Regular (include eligible Preschool/h	Kindergarten	NUMB	BER			NUMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderc								
Nonpublic School Riders (ineligible)	garteri nuers)							
TOTAL RIDERS								
We hereby cortify that this bus w	Il operate entir	aly on the route established	ad by the Ro	ard of Tru	etoos and within	the transportati	on area assign	and approved by the
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which	We further cert us and bus rou	ify that this bus transports ite by the State Superinter	pupils eligit ndent; to ma	ole for sch ike such re	ool transportatio	n as defined by te Superintende	20-10-101, MC nt and County	A. Superintendent as are
Superintendent; and to provide a lice We also agree to refrain from sol	ensed, qualified iciting or causi	d and approved driver to ong others to solicit student	perate such ts from other	vehicle a	s required by 20- ation areas.	-10-103, MCA.	,	
We understand that violations of this bus route.				•			J	•
We agree that if this route crosse the school boards of both districts sh We understand route changes or	nall be attached	d to the county superintend	dent's copy	of this doc	cument.	_		
accordance with 20-10-132, MCA. I certify that this application for reconstruction.								
bus operates on the route as ap Signature - Chair, Board of Trustees		iu within the transporta	alion servic	e area a	ssigned by the	County Trans	Sportation Col Date	iiiiittee.
County 1 This Application for Registration area assigned to it by the County	of School B							
Signature - Chair, County Transport							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

receives state reimbursement e	ven though tran	sportees of another leg	al entity may uti	lize the services.	·	Rate Per Mile	
Due Date All Routes			o County Supt October 1		PI ber 15	\$0.95	
County Name		County Number	District	Name		Legal Entity Number	
Lake		24	St Igna	atius K-12 Sch	ools	0481	
Route #	Length of Rou	ite (miles per day)		Service Bus	Route Mileage	Rated Capacity	
9	51.1		Bus R	□ Non oute Mileage	Bus Mileage	24	
Vehicle I.D. #	License	#	□ District		Contracto		
8940	NSN4			ct - If so, Name of cted rate per mile	Owner Johnson	I ransportation 	
Reimbursement Distribution- Er	nter the legal en		tage of state/co		nt to be paid to each	district. Note: Percentages	
Legal Entity 0481	Legal Er		Legal E		Legal E	ntity	
% 100.00	%		%		%		
PASSENGER INFORMATION	70		70		70		
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY R (Grades PK-	-		HOOL RIDERS ades 9-12)	TOTAL ELIGIBLE RIDERS	
		a NUMBER		N	b UMBER	c a + b	
Regular (include eligible Preschool/liriders)	Kindergarten						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderon Nonpublic School Riders (ineligible)	ance garten riders)						
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.							
Signature - Chair, Board of Trustees	;				Date		
This Application for Registration	of School Bus						
area assigned to it by the County Signature - Chair, County Transport		ii Committee.			Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

receives state reimbursement e	ven though tran	sportees of another legal e	entity may ut	ilize the services.		Rate Per Mile		
Due Dates All Routes			ounty Supt ber 1	t To OPI October 15		\$1.57		
County Name		County Number	District	Name		Legal Entity Number		
Lake		24	St Ian	atius K-12 Schools	0481			
Route #	Length of Rou	te (miles per day)		Service Bus Route M	•	Rated Capacity		
3	48.8		Bus R	□ Non Bus Mile Soute Mileage		72		
Vehicle I.D. #	License	#		•	Contractor C	wned		
9568	NSN2			ct - If so, Name of Owner octed rate per mile	Johnson Tra	nsportation —		
Reimbursement Distribution- En	ter the legal en				aid to each dist	trict. Note: Percentages		
Legal Entity 0481	Legal Er		atch budget Legal E		Legal Entity			
% 100.00	%		%		%			
PASSENGER INFORMATION		ELEMENTA DV DIDE	-00	LHOU COULOU D	IDEDO	TOTAL		
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDE (Grades PK-8)	:RS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS		
		a NUMBER		b NUMBER		c a + b		
Regular (include eligible Preschool/kriders)	Cindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance							
Nonpublic School Riders (ineligible)	arteri fiders)							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees					Date			
County 1 This Application for Registration area assigned to it by the Count	of School Bus	and State Reimbursement		accordance with Section eviewed and I certify that this				
Signature - Chair, County Transporta	ation Committee				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e					plete one form for e	ach bus route that
						Rate Per Mile
Due Date All Routes			o County Supt ectober 1	t To OPI October	15	\$1.80
County Name		County Number	District	Name		Legal Entity Number
Lake		24	St lan	atius K-12 Schoo	ls	0481
Route #	Length of Ro	ute (miles per day)		f Service Bus Ro	ute Mileage	Rated Capacity
7	44.2		Bus R	□ Non Bu Route Mileage	s Mileage	84
Vehicle I.D. #	License	#		Owned	Contractor (
1862	NSN9			ct - If so, Name of Ow cted rate per mile	ner Johnson Tra	ansportation
Reimbursement Distribution- En	nter the legal e				be paid to each dis	strict. Note: Percentages
Legal Entity	Legal E		t match budget Legal E		Legal Enti	ty
0481		•		-		
% 100.00 PASSENGER INFORMATION	%		%		%	
		ELEMENTARY RI		HIGH SCHO		TOTAL
Number of Preschool/Kinderga riding this route	rten pupils	(Grades PK-8	3)	(Grade:	s 9-12)	ELIGIBLE RIDERS
Traing the route						
		a NUMBER		h NUM		c a + b
Regular (include eligible Preschool/riders)	Kindergarten					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	I Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)						
agreement) (Include ineligible Preschool/Kinder						
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus w County Transportation Committee.	We further certify	that this bus transports pupi	ils eligible for sch	nool transportation as def	ined by 20-10-101, MC	Α.
We agree to supervision of this to required; to provide a vehicle which Superintendent; and to provide a lice	meets the minim	um standards as established	l by the Board of	Public Education, the Mo	ontana Highway Patrol	
We also agree to refrain from so	liciting or causing	others to solicit students from	m other transport	tation areas.		nd county reimburgement for
We understand that violations of this bus route.			-		_	-
We agree that if this route crossor the school boards of both districts s We understand route changes o	hall be attached t	o the county superintendent's	s copy of this doo	cument.		
accordance with 20-10-132, MCA. I certify that this application for						
bus operates on the route as a Signature - Chair, Board of Trustee:		within the transportation	service area a	issigned by the Count	y Transportation Co Date	mmittee.
J 1 1 , 1202 21 112000						
County This Application for Registration		Committee Approval as and State Reimburseme				
area assigned to it by the Coun	ty Transportati				·	
Signature - Chair, County Transport	ation Committee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e								one form for e	ach bus route that
Due Dates: To C					ounty Sup		To OPI October 15	Rate Per Mile \$1.80	
All Roules	•			Ocio	ibei i		October 15		φ1.00
County Name				County Number	District	Name			Legal Entity Number
Lake				24	St Igr	atius K-12	2 Schools		0481
Route #	Len	gth of R	oute ((miles per day)		f Service	☐ Bus Route Mil	-	Rated Capacity
6	4				Bus F	Coute Mile	⊐ Non Bus Milea age	age	84
Vehicle I.D. #		Licens	e #			t Owned		Contractor (Owned
1862		NSN	9			ict - If so, Na icted rate pe	me of Owner J	lohnson Tr	ansportation
Reimbursement Distribution- Er	nter th	e legal e	entity				rsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity		Legal	Entity		atch budge Legal E			Legal Enti	ty
0481									
0/ 400.00		0/			0/			0/	
% 100.00 PASSENGER INFORMATION		%			%			%	
		.,		ELEMENTARY RIDE	ERS	HIC	GH SCHOOL RI		TOTAL
Number of Preschool/Kindergar riding this route	ten pu	sliqu		(Grades PK-8)			(Grades 9-12)	ELIGIBLE RIDERS
		=				h			
				a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/liriders)	Kinderg	garten							
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Servic	е							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)		3							
agreement) (Include ineligible Preschool/Kinderg	rarten	riders)							
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees									
County ⁻ This Application for Registration				mmittee Approval as					
area assigned to it by the Coun	ty Trai	nsportat	ion C				y and alle		
Signature - Chair, County Transport	ation C	ommittee	ŧ					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e		•			1	Rate Per Mile		
Due Date All Routes		To Co Octob	ounty Supt per 1	To OPI October 15	:	\$0.95		
County Name		County Number	District	Name		Legal Entity Number		
Lake		24	St Ign	atius K-12 Schools		0481		
Route #	Length of Route	(miles per day)		Service Bus Route Mi		Rated Capacity		
4	4		Bus R	□ Non Bus Mile oute Mileage	age	24		
Vehicle I.D. #	License #				Contractor C	Owned		
8940	NSN4			ct - If so, Name of Owner 、 cted rate per mile	Johnson Tra	nsportation		
Reimbursement Distribution- Er	nter the legal entity		of state/co		aid to each dis	trict. Note: Percentages		
Legal Entity 0481	Legal Entit	у	Legal E	ntity	Legal Entity	У		
% 100.00	%		%		%			
PASSENGER INFORMATION			20	HICH COHOOL D	DEDC	TOTAL		
Number of Preschool/Kindergal riding this route	ten pupils	ELEMENTARY RIDEF (Grades PK-8)	₹5	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
		a NUMBER		b NUMBER		c a + b		
Regular (include eligible Preschool/liders)	Kindergarten	NOMBER		HOMBER		u · b		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for bus operates on the route as ap	•			•	•	•		
Signature - Chair, Board of Trustees					Date			
County This Application for Registration area assigned to it by the Coun	of School Bus an	d State Reimbursement h		accordance with Section aviewed and I certify that this				
Signature - Chair, County Transport					Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

T1: 6		00 01 1 10 D 1	4 1404	0 1 1 1			1.1 (0 (
This form is required in accordance receives state reimbursement						one form for ea	ach bus route that
	J		Ü	, ,			Rate Per Mile
Due Da All Rout			Octob	unty Supt er 1	: To OPI October 15		\$1.57
							*
County Name		County Number	er	District	Name		Legal Entity Number
Lake		24		Ronar	n Public Schools		1199 1200
Route #	Length of F	Route (miles per day)			Service Bus Route M		Rated Capacity
11	19.6			D D	□ Non Bus Mile	age	71
Vehicle I.D. #	Licen	SP #	1.	Bus R □ District	oute Mileage		
			'		ct - If so, Name of Owner	JISHICI OWII	eu
7544	66				cted rate per mile		
Reimbursement Distribution-	Enter the legal					aid to each dis	trict. Note: Percentages
Legal Entity	Lega	I Entity	must mat	ch budget Legal E		Legal Entit	V
1199	Loga	1200		Logai L	·············	Logar Linux	,
% 75.00	%	25.00		%		%	
PASSENGER INFORMATION	N						
Number of Preschool/Kinderg	arten pupils	ELEMENTAF (Grades		RS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route	,a.to.: papo	(0.000	,		(0.0000 1.2	-,	
		а			b		C
		NUME			NUMBER		a + b
Regular (include eligible Preschool riders)	ol/Kindergarten						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Relat	ted Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e	e., under 3						
miles OR nonresident and no atte agreement)	endance						
(Include ineligible Preschool/Kind							
Nonpublic School Riders (ineligible	le)						
TOTAL RIDERS							
We hereby certify that this bus	will operate entir	rely on the route establish	ed by the E	Board of Tru	stees and within the transporta	tion area assigne	ed and approved by the
County Transportation Committee	e. We further cert	tify that this bus transports	s pupils elig	gible for sch		/ 20-10-101, MC/	Α.
required; to provide a vehicle which	ch meets the min	imum standards as estab	lished by th	ne Board of	Public Education, the Montana		
Superintendent; and to provide a We also agree to refrain from s							
We understand that violations					will be sufficient cause for withh	olding of state ar	nd county reimbursement for
					t, a copy of the agreement betw	een Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts We understand route changes					cument. d TR-1 form and approval of the	County Transpo	ortation Committee in
accordance with 20-10-132, MCA	١.						
I certify that this application for bus operates on the route as							
Signature - Chair, Board of Truste					<u> </u>	Date	
Count This Application for Registrati					accordance with Section viewed and I certify that thi		
area assigned to it by the Cou	unty Transporta	ation Committee.					s and transportation
Signature - Chair, County Transpo	ortation Committe	ee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev									
Due Dates All Routes	s :			To County Supt October 1 To OPI October 1				Rate Per Mile \$1.57	
County Name			County Number	Distric	t Name			Legal Entity Number	
Lake Route #	Length of	Route	24 (miles per day)	Ronan Public Schools Type of Service Bus Rout		Bus Route Mile	1199 1200 Mileage Rated Capacity		
17	19.8			Bus	□ Route Milea	Non Bus Milea ge	ige	72	
Vehicle I.D. #	Licer	nse#		□ Distri	ct Owned	D	istrict Own	ed	
8163	521				act - If so, Nam acted rate per r				
Reimbursement Distribution- En	ter the lega	l entity		e of state/onatch budge		ement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity 1199	Lega	al Entity		Legal			Legal Entity		
% 100.00	9/	6		%			%		
PASSENGER INFORMATION			ELEMENTA DV DID		1 11101	LOOULOOL DI	2500	TOTAL	
Number of Preschool/Kindergard riding this route	ten pupils		ELEMENTARY RID (Grades PK-8)	ERS	HIGH	H SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
			a NUMBER			b NUMBER		c a+b	
Regular (include eligible Preschool/kriders)	Kindergarten		-						
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement)	ance								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten riders)								
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.									
I certify that this application for r bus operates on the route as ap	proved by a						sportation Cor		
Signature - Chair, Board of Trustees							Date		
County T This Application for Registration area assigned to it by the Count	of School E	Bus and							
Signature - Chair, County Transporta							Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This famous is no socious discussional de		T:41 - O	00 Ob - int - in 40 D - int 4	1404	0-11-1:-				
This form is required in accordate receives state reimbursement e								ne form for ea	ach bus route that
Due Date			•	To Co.	unty Supt		То ОРІ		Rate Per Mile
All Routes				Octobe			October 15		\$1.80
County Name			County Number	•	District	Name			Legal Entity Number
,									
Lake Route #	Longth	h of Do	ute (miles per day)			Public So	chools Bus Route Mile	222	1199 1200 Rated Capacity
Roule #	Lengu	II OI ROI	ute (miles per day)		Type of		Non Bus Milea	•	Rateu Capacity
13	18				Bus R	oute Milea			84
Vehicle I.D. #		_icense	#		District			istrict Own	ed
1933	2	412				ct - If so, Nan cted rate per			
Reimbursement Distribution- En	nter the	legal en					sement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity		Legal E		nust mat	ch budget Legal E			Legal Entit	V
1199		Logui L	1200		Logai L	intry		Logar Linit	y
% 75.00		%	25.00		%			%	
PASSENGER INFORMATION			ELEMENTARY	Y RIDER	'S	HIG	H SCHOOL RII	DERS	TOTAL
Number of Preschool/Kinderga	rten pup	ils	(Grades F		.0		(Grades 9-12)		ELIGIBLE RIDERS
riding this route									
			a	ED		b NUMBER			c a+b
Regular (include eligible Preschool/	Kindergaı	rten	NUMBER				NUIVIDER		аты
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	d Camilaa								
	a Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)									
agreement)									
(Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible)		iers)							
TOTAL RIDERS									
We hereby certify that this bus w County Transportation Committee.									
We agree to supervision of this t	ous and b	us route	by the State Superinten	ident; to m	nake such r	eports to the St	tate Superintende	nt and County S	Superintendent as are
required; to provide a vehicle which Superintendent; and to provide a lic	ensed, qu	ualified a	nd approved driver to op	perate suc	ch vehicle a	s required by 2		ngnway Patrol a	and the State
We also agree to refrain from so We understand that violations of							t cause for withho	olding of state ar	nd county reimbursement for
this bus route. We agree that if this route crosse	es district	lines an	d transports students fro	om outside	e the district	t, a copy of the	agreement between	en Boards. 20-	10-126(2) MCA, signed by
the school boards of both districts s We understand route changes of							d approval of the	County Transpo	ortation Committee in
accordance with 20-10-132, MCA.									
I certify that this application for bus operates on the route as a	•							•	•
Signature - Chair, Board of Trustees	,					Date			
		2							
County This Application for Registration			Committee Approverse and State Reimburse						
area assigned to it by the Coun	ity Trans	sportatio							,
Signature - Chair, County Transport	tation Cor	ııımıttee						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

), Chapter 10, Part 1, N					ne form for ea	ach bus route that
	Due Dates All Routes	s :	-		To Cou Octobe	nty Supt		To OPI October 15		Rate Per Mile \$0.95
County Name				County Number		District	Name			Legal Entity Number
Lake				24			n Public So			1199 1200
Route #		Length	h of Rou	te (miles per day)		Type of		Bus Route Mile Non Bus Mileag	-	Rated Capacity
16		136				Bus R	oute Milea	age		19
Vehicle I.D. #		L	License 7	#		District		Di ne of Owner	strict Own	ed
5651		1	181				cted rate per			
Reimbursement Dist	tribution- En	ter the	legal ent			state/co		sement to be pai	d to each dis	trict. Note: Percentages
Legal Entity 1199		I	Legal Er			Legal E			Legal Entity	У
% 75.00			%	25.00		%			%	
PASSENGER INFO	RMATION		,,,			,,,			,,	
Number of Preschool riding this route	ol/Kindergart	ten pup	oils	ELEMENTARY F (Grades PK		3	HIG	GH SCHOOL RID (Grades 9-12)	ERS	TOTAL ELIGIBLE RIDERS
				a NUMBER				b NUMBER		C
Regular (include eligible riders)	e Preschool/K	(inderga	rten	NOWBER	`			NUMBER		a + b
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs	(WC)									
Non-WC IEP Lists Tran	ns as Related	Service								
TOTAL ELIGIBLE R	RIDERS									
Ineligible Public School miles OR nonresident a										
agreement) (Include ineligible Preso		arten rid	ders)							
Nonpublic School Rider	rs (ineligible)									
TOTAL RIDERS										
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the										
bus operates on the Signature - Chair, Boan		proved	by and v	within the transportatio	n servi	e area a	ssigned by th		portation Con Date	nmittee.
This Application for Farea assigned to it b	Registration	of Scho	ool Bus							A. within the transportation
Signature - Chair, Cour	nty Transporta	ation Cor	mmittee						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorreceives state reimbursemen						•			
Due Da All Rou				To Cou	unty Supt er 1	t To OPI October 15		Rate Per Mile \$1.57	
County Name			County Number		District	Name		Legal Entity Number	
Lake			24			n Public Schools		1199 1200	
Route #	Len	gth of Rou	ute (miles per day)		Type of	F Service ☐ Bus Route Mi☐ Non Bus Mile:	•	Rated Capacity	
20	25		"		•	toute Mileage	ŭ	71	
Vehicle I.D. # 1699		License 182	#			: Owned L ct - If so, Name of Owner cted rate per mile	District Own	ed 	
Reimbursement Distribution-	Enter th	e legal en			of state/co	unty reimbursement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity 1199		Legal E		ust mate	ch budget Legal E		Legal Entit	Entity	
% 75.00		%	25.00		%		%		
PASSENGER INFORMATIO	N							_	
Number of Preschool/Kinderg	garten pi	upils	ELEMENTARY (Grades P		S	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBE	:R		b NUMBER		c a + b	
Regular (include eligible Prescho riders)	ol/Kinder	garten						W 2	
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Rela	ted Servio	се							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i. miles OR nonresident and no atte agreement) (Include ineligible Preschool/Kinc	endance								
Nonpublic School Riders (ineligib		nuers)							
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.									
I certify that this application for bus operates on the route as	or registi								
Signature - Chair, Board of Trust		y and			.50 4104 4	and a state of the country it all	Date		
This Application for Registrat	ion of So	chool Bus	and State Reimburse			accordance with Section 2 eviewed and I certify that this			
area assigned to it by the Co Signature - Chair, County Transp			n Committee.				Date		



Combined School District Application for Registration of School Bus & State Reimbursement

	•			3	C11001 Feat 2003 - 200	14		
This form is required in accor receives state reimbursemen						one form for e	each bus route that	
	Ü	папър	•	, ,			Rate Per Mile	
Due Da All Rout			Octo	ounty Supt ber 1	t To OPI October 15		\$1.80	
County Name			County Number	District	Name		Legal Entity Number	
Lake			24	Ronar	n Public Schools		1199 1200	
Route #	Length of I	Route	(miles per day)	Type of	Service Bus Route Mi Non Bus Mile	•	Rated Capacity	
9	37.2			Bus R	oute Mileage		84	
Vehicle I.D. #	Licen	se#		□ District□ Contra	Owned Council	District Owi	ned	
3375	177				cted rate per mile			
Reimbursement Distribution-	Reimbursement Distribution- Enter the legal entity number and percentage			of state/co		aid to each di	istrict. Note: Percentages	
Legal Entity 1199	Lega	l Entity		Legal E		Legal Ent	ity	
% 75.00	%	25	.00	%		%		
PASSENGER INFORMATIO	N							
		ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS		
			a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/Kindergarten riders)								
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Relat	ted Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i. miles OR nonresident and no atte agreement)								
(Include ineligible Preschool/Kind Nonpublic School Riders (ineligib								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in								
I certify that this application for	or registration o							
bus operates on the route as Signature - Chair, Board of Truste	nin the transportation sei	vice area a	ssigned by the County Tran	Date Date	ommittee.			
<u> </u>	v Tuomomorat di	lar 2	munittee Annu	- muslane at 1	annudamen witte Occati	20 40 400 55	CA	
This Application for Registrat	ion of School E	lus an	d State Reimbursement		accordance with Section eviewed and I certify that this			
area assigned to it by the Con Signature - Chair, County Transp			committee.			Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda							ne form for ea	ch bus route that
receives state reimbursement e	ven tnou	ıgn transp	ortees of another legal er	ility may ut	ııı∠e trie services.		F	Rate Per Mile
Due Dates All Routes			To Co Octob	ounty Supt per 1		DPI ober 15	5	\$1.57
County Name			County Number	District	Name			Legal Entity Number
Lake			24	Ronar	n Public Schoo	ols		1199 1200
Route #	Length	of Route	(miles per day)		Type of Service ☐ Bus Route Mil			Rated Capacity
15	25.6			□ Non Bus Mileage Bus Route Mileage				72
Vehicle I.D. #	License #			□ District		Di	strict Owne	
1448	2	253			ct - If so, Name o cted rate per mile			
Reimbursement Distribution- Er	nter the le	egal entity				ent to be pai	d to each dist	trict. Note: Percentages
Legal Entity	L	_egal Entit		tch budget! Legal Entity Legal E				/
1199			200		·			
0/ 75.00				0/			0.4	
% 75.00 PASSENGER INFORMATION	_	% 25	5.00	%			%	
			ELEMENTARY RIDE	RS		CHOOL RID	ERS	TOTAL
Number of Preschool/Kindergar riding this route	ten pupil	Is	(Grades PK-8)		(G	rades 9-12)		ELIGIBLE RIDERS
						b		
			a NUMBER		1	NUMBER		c a+b
Regular (include eligible Preschool/kriders)	Kindergart	ten						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e.,								
miles OR nonresident and no attend agreement)								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten ride	ers)						
TOTAL RIDERS								
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice	We further us and bu meets the	er certify that us route by e minimum	at this bus transports pupils el the State Superintendent; to standards as established by t	igible for sch make such r the Board of	ool transportation a eports to the State S Public Education, th	is defined by 2 Superintenden ne Montana Hi	20-10-101, MCA it and County S	A. uperintendent as are
We also agree to refrain from sol We understand that violations of						se for withhol	ding of state an	d county reimbursement for
this bus route. We agree that if this route crosse	es district li	lines and tra	ansports students from outsic	de the district	t, a copy of the agre	ement betwee	en Boards, 20-1	0-126(2) MCA, signed by
the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in								
accordance with 20-10-132, MCA. I certify that this application for in the contraction and the route as an								
bus operates on the route as ap Signature - Chair, Board of Trustees		by and Wit	inin the transportation ser	vice area a	ssigned by the C		Date	пписе.
County This Application for Registration area assigned to it by the County	of Scho	ool Bus an						
Signature - Chair, County Transport							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

I his form is required in accordate receives state reimbursement e	ven thos			legal enti	ty may utilize th inty Supt			Rate Per Mile \$1.57
County Name			County Number	r	District Name	2		Legal Entity Number
Lake			24		Ronan Pul	olic Schools		1199 1200
Route #	Leng	th of Rou	te (miles per day)		Type of Servi	ce 🗆 Bus Route M		Rated Capacity
14	32				Bus Route	□ Non Bus Mile Mileage	age	71
Vehicle I.D. #	<u> </u>	License 7	#		District Own	ed [District Own	ed
1750 70						so, Name of Owner ate per mile		
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be pa must match budget!						aid to each dis	strict. Note: Percentages	
Legal Entity		Legal Er		nust mato	Legal Entity		Legal Entit	ty
1199			1200		,			
% 75.00		%	25.00		%		%	
PASSENGER INFORMATION								
Number of Preschool/Kindergar riding this route	ten pu	pils	ELEMENTAR\ (Grades F		5	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBI	ER		b NUMBER		c a + b
Regular (include eligible Preschool/Kindergarten riders)								
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service	9						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	lance garten ri							
TOTAL RIDERS								
IOTAL RIDERS								
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bus operates on the route as ap	proved						sportation Cor	
Signature - Chair, Board of Trustees	3						Date	
This Application for Registration area assigned to it by the Coun	of Sch ty Tran	nool Bus sportation	and State Reimburse			rdance with Section and I certify that this		
Signature - Chair, County Transport	ation Co	mmittee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e							olete one form for	each bus route that		
Due Date:				Ü	inty Supi			Rate Per Mile		
All Routes				Octobe		October 1	5	\$1.57		
County Name			County Number		District	Name		Legal Entity Number		
Lake			24		Ronar	n Public Schools		1199 1200		
Route #	Leng	gth of Rou	ite (miles per day)		Type of	Service Bus Rou		Rated Capacity		
18	14				Bus R	□ Non Bus coute Mileage	Mileage	72		
Vehicle I.D. #		License	#		District	Owned	District Ow	ned		
5479 174					□ Contract - If so, Name of Owner □ Contracted rate per mile					
Reimbursement Distribution- Er	e legal en			f state/co ch budget		be paid to each d	istrict. Note: Percentages			
Legal Entity		Legal E		idot mate	Legal Entity Legal Entity					
1199	1199									
% 100.00		%			%		%			
PASSENGER INFORMATION										
Number of Preschool/Kindergar riding this route	ten pu	ıpils	ELEMENTARY (Grades F		S	HIGH SCHOO (Grades		TOTAL ELIGIBLE RIDERS		
			а	-D		b NUME		C		
egular (include eligible Preschool/Kindergarten			_IX		NOIVIL	DLK	a + b			
riders) 1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Servic	е								
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attention		3								
agreement) (Include ineligible Preschool/Kinderg		riders)								
Nonpublic School Riders (ineligible)										
TOTAL RIDERS										
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County -	Transı	portation	Committee Approv	al as rec	uired in	accordance with Sec	tion 20-10-132 M	CA.		
This Application for Registration area assigned to it by the Coun	of Sc ty Trar	chool Bus nsportatio	and State Reimburse							
Signature - Chair, County Transport	ation C	ommittee					Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev						one form for ea	ach bus route that	
Due Dates All Routes		·	To Co Octol	ounty Supt ber 1	t To OPI October 15		Rate Per Mile \$1.57	
County Name		County N	Number	District	Name		Legal Entity Number	
Lake		24		Ronar	n Public Schools		1199 1200	
Route #	Length of F	Route (miles per	day)	Type of	f Service □ Bus Route Mi □ Non Bus Mile	•	Rated Capacity	
19	15.6			Bus R	Coute Mileage	aye	72	
Vehicle I.D. #	Licens	se#		□ District□ Contra	: Owned Ct - If so, Name of Owner	District Own	ed	
5479 174					cted rate per mile			
Reimbursement Distribution- En	ter the legal	entity number a		of state/co		aid to each dis	trict. Note: Percentages	
Legal Entity Legal Entity 1199				Legal E		Legal Entity	У	
1199								
% 100.00	%			%		%		
PASSENGER INFORMATION		EL ENA	NTADY DIDE	DO	LIIOU OOLOOL DI	DEDO	TOTAL	
Number of Preschool/Kindergard riding this route	ten pupils		ENTARY RIDE Frades PK-8)	K5	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/k riders)	Regular (include eligible Preschool/Kindergarten				NOMBER		a · b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg	ance							
Nonpublic School Riders (ineligible)	<u>a. (3) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1</u>							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees								
orginature - Criair, board or Trustees						Date		
This Application for Registration area assigned to it by the Count	of School B y Transporta	us and State Re tion Committee.	imbursement h		accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transporta	ation Committe	ee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is requir	ed in accordanc	e with Title	20, Cha _l	pter 10, Part 1, MC/	A. S	chool dis	strict official	must complete	one form for e	ach bus route that
receives state rein	nbursement eve	n though tra	ansporte	es of another legal	entit	y may ut	ilize the ser	vices.	Rate Per Mile	
	Due Dates: All Routes				Cou ober	nty Supt · 1	:	To OPI October 15		\$1.80
County Name			Co	ounty Number		District	Name			Legal Entity Number
				,				Nala a a la		
Lake Route #		_ength of Ro	24 oute (mil				Public S Service	□ Bus Route Mi	leage	1199 1200 Rated Capacity
1		50				Due D		□ Non Bus Mile	age	84
Vehicle I.D. #		License	e #			District	Owned	_	District Owr	
0924 520					Contra		ame of Owner	3.0ti.10t 0 W		
Reimbursement D					rsement to be p	aid to each di	strict. Note: Percentages			
Legal Entity Legal Entity			must n	match budget! Legal Entity Lega				Legal Enti	tv	
			1200			Ü	,			
0/ 75 00		0/	05.00			0/			0/	
% 75.00 PASSENGER INF		%	25.00			%			%	
Number of Presch		n pupils	E	ELEMENTARY RID (Grades PK-8)		3	HI	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route										
	a NUMBER							b NUMBER		c a+b
Regular (include elig	NOWIDER				NOMBER		a + 5			
1st Wheelchair (WC))									
2nd Wheelchair (WC	<u>;)</u>									
Additional Wheelcha	irs (WC)									
Non-WC IEP Lists To	rans as Related Se	ervice								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Schomiles OR nonresider										
agreement) (Include ineligible Pr										
Nonpublic School Ri										
TOTAL RIDERS										
				route established by the bus transports pupils						ed and approved by the
required; to provide a	a vehicle which me	ets the minim	num stand	State Superintendent; t dards as established b oved driver to operate	y the	Board of	Public Educa	ition, the Montana		Superintendent as are and the State
We also agree to We understand the	refrain from solicit	ing or causing	g others to	o solicit students from	other	r transpor	ation areas.		olding of state a	nd county reimbursement for
								e agreement betw	een Boards, 20-	10-126(2) MCA, signed by
	oute changes occu			unty superintendent's or year require the filing				and approval of the	County Transp	ortation Committee in
I certify that this a	pplication for reg									edge and belief, and the
bus operates on the route as approved by and within the transportation services. Signature - Chair, Board of Trustees						е агеа а	ssigned by	ule County Tran	Date Date	mmulee.
This Application fo				nittee Approval as ate Reimbursemen						CA. s within the transportation
area assigned to i	t by the County	Transportati	ion Com					so.ary aracum		
Signature - Chair, Co	Signature - Chair, County Transportation Committee Date									



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							one form for ea	ach bus route that
Due Dates All Routes				To Co Octob	unty Supt er 1	t To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	r	District	Name		Legal Entity Number
Lake			24		Ronar	n Public Schools		1199 1200
Route #	Leng	th of Rou	ute (miles per day)		Type of	f Service □ Bus Route Mil □ Non Bus Milea	-	Rated Capacity
12	50				Bus R	Coute Mileage	ige	71
Vehicle I.D. #		License	#		□ District	: Owned C ct - If so, Name of Owner	istrict Own	ed
0892 327				1	□ Contra	cted rate per mile		
Reimbursement Distribution- En	iter the	e legal en			of state/co		aid to each dis	strict. Note: Percentages
Legal Entity 1199		Legal E			Legal E		Legal Entit	у
	1199		1200					
% 75.00		%	25.00		%		%	
PASSENGER INFORMATION			ELEMENTAR	V DIDEE	00	HIGH SCHOOL RII	DEDC	TOTAL
Number of Preschool/Kindergar riding this route	ten pu	ıpils	(Grades		KO	(Grades 9-12)		ELIGIBLE RIDERS
			a NUMB	ED		b NUMBER		c a+b
Regular (include eligible Preschool/h riders)	Regular (include eligible Preschool/Kindergarten			LIX		NOWBER		u + 5
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service	е						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten ri	iders)						
TOTAL RIDERS								
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· · · · · · · · · · · · · · · · · · ·								
This Application for Registration area assigned to it by the Count	of Scl ty Tran	hool Bus rsportatio	and State Reimburs			accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transporta	ation Co	ommittee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							one form for ea	ach bus route that
Due Dates All Routes				To Cou	inty Supt er 1	t To OPI October 15		Rate Per Mile \$1.80
County Name			County Number		District	Name		Legal Entity Number
Lake			24		Ronar	n Public Schools		1199 1200
Route #	Leng	th of Rou	te (miles per day)		Type of	f Service ☐ Bus Route Mil ☐ Non Bus Milea	-	Rated Capacity
10	52				Bus R	Coute Mileage	ige	84
Vehicle I.D. #		License a	#		District	: Owned C ct - If so, Name of Owner	istrict Own	ed
1972						cted rate per mile		
Reimbursement Distribution- Er	nter the	e legal ent			f state/co		aid to each dis	trict. Note: Percentages
Legal Entity 1199		Legal Er	ntity 1200	Legal Entity Leg				у
	1100		1200					
% 75.00		%	25.00		%		%	
PASSENGER INFORMATION			ELEMENTARY	DIDED	c	HIGH SCHOOL RI	DEBS	TOTAL
Number of Preschool/Kindergar riding this route	ten pu	pils	(Grades Ph		5	(Grades 9-12		ELIGIBLE RIDERS
			a NUMBEI	D		b NUMBER		c a + b
Regular (include eligible Preschool/k riders)	Regular (include eligible Preschool/Kindergarten			1		NOWBER		a · b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service	е						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		iders)						
TOTAL RIDERS								
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County 1 This Application for Registration						accordance with Section 2		
area assigned to it by the Count	ty Tran	nsportatio				and and a sorting trial tribe	'	
Signature - Chair, County Transport	auon C	ommudee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This forms is no suited in a country.	aida Tida	00 Charter 10 Dart 1	MCA	Cabaal di	strict official result as results			
This form is required in accordance receives state reimbursement ever						one form for ea	ach bus route that	
			Ü				Rate Per Mile	
Due Dates: All Routes			Octobe	unty Supt er 1	t To OPI October 15		\$1.80	
							*	
County Name		County Number		District	Name		Legal Entity Number	
Lake		24		Ronar	n Public Schools		1199 1200	
	ength of Ro	oute (miles per day)			Service Bus Route M		Rated Capacity	
3 5	52			□ Non Bus Mileage				
Vehicle I.D. #	License	e #		Bus Route Mileage 84 □ District Owned District Owned				
2074					ct - If so, Name of Owner	Diotriot Own	Cu	
3271 378					cted rate per mile			
Reimbursement Distribution- Enter	r the legal e			of state/co		aid to each dis	trict. Note: Percentages	
Legal Entity	Legal I		iusi iiiali	Legal E		Legal Entit	у	
1199 1200								
% 75.00	%	25.00		%		%		
PASSENGER INFORMATION		ELEMENTARY	/ RIDER	S	HIGH SCHOOL R	IDERS	TOTAL	
Number of Preschool/Kindergarten	n pupils	(Grades P			(Grades 9-12		ELIGIBLE RIDERS	
riding this route								
		а			р		С	
Regular (include eligible Preschool/Kindergarten					NUMBER		a + b	
riders) 1st Wheelchair (WC)								
, ,								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Se	ervice							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., und miles OR nonresident and no attendance)								
agreement)								
(Include ineligible Preschool/Kindergart Nonpublic School Riders (ineligible)	en riders)							
TOTAL RIDERS								
TOTAL RIDERS								
We hereby certify that this bus will o								
County Transportation Committee. We We agree to supervision of this bus	and bus route	by the State Superintend	dent; to m	ake such r	eports to the State Superintend	ent and County S	Superintendent as are	
required; to provide a vehicle which med Superintendent; and to provide a license							and the State	
We also agree to refrain from soliciti We understand that violations of the						nolding of state a	nd county reimbursement for	
this bus route.				•		· ·	•	
We agree that if this route crosses d the school boards of both districts shall	be attached	to the county superintende	ent's copy	of this doo	cument.		, , , , ,	
We understand route changes occur accordance with 20-10-132, MCA.	rrıng during tl	ne school year require the	tiling of a	n amended	I IK-1 form and approval of the	e County Transpo	ortation Committee in	
I certify that this application for reg								
bus operates on the route as appro Signature - Chair, Board of Trustees	oved by and	a within the transportat	ion servi	ice area a	ssigned by the County Trai	Date Date	mmilee.	
-								
					accordance with Section			
This Application for Registration of area assigned to it by the County 1			ement ha	is been re	eviewed and I certify that thi	s bus operates	within the transportation	
Signature - Chair, County Transportation						Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

								1.1	
This form is required in accordance receives state reimbursement ever							ne form for ea	ach bus route that	
Due Dates:	ŭ	·	To C	ounty Sup	t To C	ODI		Rate Per Mile	
All Routes				ber 1		ober 15		\$1.57	
County Name			County Number	Distric	Name			Legal Entity Number	
			•						
Lake Route #	Length of F	Poute ((miles per day)		n Public School f Service Bus	ols s Route Mile	200	1199 1200 Rated Capacity	
	•	vouic ((illines per day)	Туре с	□ No	•			
	54	41			Route Mileage		72		
Vehicle I.D. # License #				☐ Distric	t Owned act - If so, Name o		istrict Own	ed	
5461 179			□ Contracted rate per mile						
Reimbursement Distribution- Enter	er the legal	entity				ent to be pa	id to each dis	trict. Note: Percentages	
Legal Entity Legal				atch budge Legal E			Legal Entity	у	
1199			200						
0/ 75.00	0/	25	00	0/			0/		
% 75.00 PASSENGER INFORMATION	%	25.	00	%			%		
			ELEMENTARY RIDE	RS		CHOOL RID		TOTAL	
Number of Preschool/Kindergarte riding this route	en pupiis		(Grades PK-8)		(6	irades 9-12)		ELIGIBLE RIDERS	
			а		b			C	
	a NUMBER				NUMBER			a + b	
Regular (include eligible Preschool/Kir riders)									
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related S	ervice								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., ur									
miles OR nonresident and no attendar agreement)									
(Include ineligible Preschool/Kindergal Nonpublic School Riders (ineligible)	rten riders)								
TOTAL RIDERS									
We hereby certify that this bus will county Transportation Committee. We									
We agree to supervision of this bus required; to provide a vehicle which me	s and bus rou	ıte by th	he State Superintendent; to	make such	reports to the State S	Superintender	nt and County S	Superintendent as are	
Superintendent; and to provide a licen	sed, qualified	d and a	pproved driver to operate s	uch vehicle	as required by 20-10		iigiiway i attore	and the state	
We also agree to refrain from solici We understand that violations of the						use for withho	lding of state ar	nd county reimbursement for	
	this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by								
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accordance with 20-10-132, MCA. I certify that this application for re-	gistration o	f scho	ol bus and state reimbu	rsement is	true and complete	e to the best	of my knowle	edge and belief and the	
bus operates on the route as app	_				•		portation Cor	•	
Signature - Chair, Board of Trustees Date									
			mmittee Approval as r						
This Application for Registration of area assigned to it by the County				has been r	eviewed and I cer	tify that this	bus operates	within the transportation	
Signature - Chair, County Transportati			·				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordan						form for ea	ach bus route that	
receives state reimbursement even	en mougn mar				rvices.		Rate Per Mile	
Due Dates: All Routes	:	To Co Octobe	unty Supt er 1	:	To OPI October 15		\$1.80	
County Name		County Number	District	Name			Legal Entity Number	
Lake		24	Ronar	n Public S	Schools		1199 1200	
	Length of Rou	ite (miles per day)		Service	☐ Bus Route Mileag		Rated Capacity	
7	69.2		Bus R	oute Mile	84			
Vehicle I.D. #	License	1.3	□ District	Owned	Dis	trict Own		
9122	204		□ Contract - If so, Name of Owner □ Contracted rate per mile					
Reimbursement Distribution- Enter				ursement to be paid	to each dis	trict. Note: Percentages		
Legal Entity	Legal E		match budget! Legal Entity Legal			Legal Entit	у	
1199	1200							
% 75.00	%	25.00	%			%		
PASSENGER INFORMATION			_	1				
Number of Preschool/Kindergarteriding this route	en pupils	ELEMENTARY RIDER (Grades PK-8)	RS	H	IGH SCHOOL RIDE (Grades 9-12)	RS	TOTAL ELIGIBLE RIDERS	
		a NUMBER			b NUMBER		c a+b	
Regular (include eligible Preschool/Kiriders)	ndergarten				-			
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related S	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., un miles OR nonresident and no attendar agreement)	nce							
(Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	rten riders)							
TOTAL RIDERS								
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	I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.							
Signature - Chair, Board of Trustees	•	·			D	ate		
This Application for Registration of	ansportation	Committee Approval as re	quired in	accordanc	ce with Section 20-	10-132, MC	A.	
area assigned to it by the County			as been re	viewed and		ıs operates	within the transportation	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement events.	nce with Ti	tle 20, (Chapter 10, Part 1, MCA.	School dis	strict officia	I must complete	one form for ea	ach bus route that	
	_	rtansp	_			rvices.		Rate Per Mile	
Due Dates All Routes			To Co Octob	er 1	t	To OPI October 15		\$1.80	
County Name			County Number	District	Name			Legal Entity Number	
Lake			24	Ronar	n Public S	Schools		1199 1200	
Route #	Length of	Route	(miles per day)	Type of	Service	☐ Bus Route Mil☐ Non Bus Miles		Rated Capacity	
2	75.4			Bus R	oute Mile	eage		84	
Vehicle I.D. #	Lice	nse #			☐ District Owned ☐ Contract - If so, Name of Owner				
9123	346	3		☐ Contracted rate per mile					
Reimbursement Distribution- En	ter the lega	al entity		of state/co tch budget		ursement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity Legal Entity 1199				Legal E			Legal Entit	У	
% 75.00	(% 25	.00	%			%		
PASSENGER INFORMATION			EL EMENTA DV DIDE	200		1011 0011001 51	DEDC	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RIDER (Grades PK-8)	1 5	Н	IGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
						b NUMBER		c a + b	
Regular (include eligible Preschool/Kindergarten riders)			NUMBER						
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance								
Nonpublic School Riders (ineligible)	arteri riders)	'							
TOTAL RIDERS									
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bus operates on the route as ap Signature - Chair, Board of Trustees		and wit	hin the transportation serv	ice area a	ssigned by	the County Tran	sportation Cor Date	nmittee.	
This Application for Registration area assigned to it by the Count	of School y Transpor	Bus and tation C							
Signature - Chair, County Transporta	ation Commi	ttee					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

T1: 6 : :			00 01 1 10 5 1	4 1404	0 1 1 1				
			20, Chapter 10, Part ansportees of another					one form for e	ach bus route that
				ŭ	, ,				Rate Per Mile
	Due Dates: All Routes						To OPI October 15		\$1.57
									*
County Name			County Number	er	District	Name			Legal Entity Number
Lake			24		Ronar	n Public S	chools		1199 1200
Route #	Len	gth of Ro	oute (miles per day)				☐ Bus Route Mil	eage	Rated Capacity
_	00						☐ Non Bus Milea	age	70
5 Vehicle I.D.#	82	Licens	0.#	1		oute Milea		72	
Verlicie I.D. #		Liceris	C #		☐ District Owned District☐ Contract - If so, Name of Owner				ea
8445		518				cted rate per			
Reimbursement Dis	stribution- Enter th	ne legal e					rsement to be pa	aid to each dis	strict. Note: Percentages
Logal Entity		Legal		must ma	tch budget Legal E			Legal Entit	
Legal Entity 1199		Legal	1200		Legal	Titity		Legal Ellill	У
% 75.00		%	25.00		%			%	
PASSENGER INFO	RMATION								
Number of Dreecho	al/Kindorgarton n	unila	ELEMENTAF		RS	HIC	SH SCHOOL RI		TOTAL
Number of Prescho riding this route	oi/Kindergarten pi	upiis	(Grades	PK-8)			(Grades 9-12)	ELIGIBLE RIDERS
L			a NUMF	a NUMBER			b NUMBER		c a + b
Regular (include eligib	le Preschool/Kinder	garten							
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
` ′									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related Service									
TOTAL ELIGIBLE	RIDERS								
Ineligible Public School	ol Riders (i.e., under	3							
miles OR nonresident agreement)	and no attendance								
(Include ineligible Pres		riders)							
Nonpublic School Ride	ers (ineligible)								
TOTAL RIDERS									
We hereby certify the	hat this hus will oner	rate entire	ly on the route establish	ed by the	Board of Tru	l istees and witl	hin the transportat	ion area assign	ed and approved by the
County Transportation	Committee. We fur	rther certif	fy that this bus transports	s pupils el	igible for sch	ool transporta	ition as defined by	20-10-101, MC	A.
			e by the State Superinte num standards as estab						
			and approved driver to				20-10-103, MCA.		
We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for									
this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by									
the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in									
accordance with 20-10)-132, MCA.								
									edge and belief, and the
bus operates on the route as approved by and within the transportation Signature - Chair, Board of Trustees					vice area d	ooigiieu by t	and Odunty Hall	ransportation Committee. Date	
-									
			n Committee Appro						
This Application for area assigned to it I				sement h	as been re	viewed and	I certify that this	bus operates	within the transportation
Signature - Chair, Cou	<u> </u>							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement events.							one form for e	ach bus route that	
		ansportees of anothi	•					Rate Per Mile	
Due Dates All Routes		To Cou Octobe	unty Supt er 1	i	To OPI October 15	\$1.57			
County Name		County Numb	oer	District	Name			Legal Entity Number	
Lake		24		Charlo	o Public S	Schools		1205 1206	
Route #	Length of R	loute (miles per day)		Type of		□ Bus Route Mil		Rated Capacity	
5	76.4			Bus R	oute Mile	□ Non Bus Milea age	age	72	
Vehicle I.D. #	Licens	se #		District	Owned	C	Contractor (
8424	J163				ct - If so, Na cted rate pe	ame of Owner (er mile	Coulter Auto	omotive Inc	
Reimbursement Distribution- En	ter the legal	entity number and pe	ercentage o			irsement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity	Legal	Entity	must mat	Legal E			Legal Entit	ty	
1205		1206							
% 50.00	%	50.00		%			%		
PASSENGER INFORMATION		ELEMENTA	DV DIDED	c	l ui	GH SCHOOL RI	DEDE	TOTAL	
Number of Preschool/Kindergar	ten pupils		s PK-8)	S		(Grades 9-12		ELIGIBLE RIDERS	
riding this route									
			a MBFR			b NUMBER		c a+b	
Regular (include eligible Preschool/k riders)	Cindergarten	NUMBER				NOMBER		4 1 5	
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend									
agreement) (Include ineligible Preschool/Kinderg									
Nonpublic School Riders (ineligible)	arten nders)								
TOTAL RIDERS									
We hereby cortify that this bug wi	Il aparata antir	alv an the route establis	shod by the P	oard of Tru	iotopo and wii	thin the transportet	ion orog aggian	and approved by the	
We hereby certify that this bus wi County Transportation Committee. Ne agree to supervision of this but required; to provide a vehicle which	We further cert us and bus rou	ify that this bus transported by the State Supering	rts pupils elig tendent; to m	jible for sch nake such r	ool transporta	ation as defined by State Superintende	20-10-101, MC ent and County :	A. Superintendent as are	
Superintendent; and to provide a lice We also agree to refrain from soli We understand that violations of	ensed, qualified citing or causir	d and approved driver to ng others to solicit stude	o operate suc ents from oth	ch vehicle a er transport	s required by tation areas.	20-10-103, MCA.	,		
this bus route.									
We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.									
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									
Signature - Chair, Board of Trustees	within the transpol	tation SCIV	ioc aica d	ooigiica by	y the County Transportation Committee. Date				
County T This Application for Registration area assigned to it by the Count	of School Bu								
Signature - Chair, County Transporta							Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

copy School Distri

This form is required in accorda receives state reimbursement e							one form for ea	ach bus route that	
Due Dates: All Routes					ity Supt	To OPI October 15		Rate Per Mile \$1.36	
County Name			County Number	District Name				Legal Entity Number	
Lake			24 Charlo Public			Public Schools	Schools 1205 1		
Route #	Lengtl	h of Route	(miles per day)	,	Type of	Service Bus Route Miles		Rated Capacity	
1	53				Bus R	□ Non Bus Milea coute Mileage	65		
Vehicle I.D. #	L	_icense #			District	Owned [District Own	ed	
4021	2	256				ct - If so, Name of Owner cted rate per mile			
Reimbursement Distribution- Er	nter the	legal entit			state/co budget		aid to each dis	trict. Note: Percentages	
Legal Entity		Legal Enti	ty		Legal E		Legal Entit	У	
1205			1206						
% 50.00		% 50	0.00		%		%		
PASSENGER INFORMATION			EL ENTENTA DV DU	DEDO		LIIOU AQUAQU BI	DEDO	TOTAL	
Number of Preschool/Kindergar riding this route	ten pup	ils	ELEMENTARY RII (Grades PK-8			HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBE			c a + b	
Regular (include eligible Preschool/liriders)	Kinderga	rten	NOMBER			NOMBER		a · b	
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
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orginature - Orian, Board or Trustees					Date				
County This Application for Registration area assigned to it by the County	of Sch	ool Bus ar	nd State Reimburseme			accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transport	ation Cor	mmittee					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for ea	ch bus route that	
Due Date:		agri transpo	_	ounty Sup		Rate Per Mile		
All Routes		Octo		October 15		\$1.57		
County Name			County Number	District	Name		Legal Entity Number	
Lake			24	Charle	o Public Schools		1205 1206	
Route #	Lengtl	h of Route	(miles per day)		f Service Bus Route Mi	leage	Rated Capacity	
2	48.4			□ Non Bus Milea Route Mileage	n Bus Mileage 72			
Vehicle I.D. #	L	_icense #		•	•	District Owned		
7143	•	148			ct - If so, Name of Owner cted rate per mile			
Reimbursement Distribution- Er	nter the	legal entity		of state/co		aid to each dist	rict. Note: Percentages	
Legal Entity		Legal Entity	у	Legal E		Legal Entity	1	
1205		12	206					
% 50.00		% 50.	.00	%		%		
PASSENGER INFORMATION			ELEMENTA DV DIDE	D0	LUCULOGUESI DI	DED0	TOTAL	
Number of Preschool/Kindergarten pupils riding this route		ils	ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/	Kinderga	rten	HOMBER		HOMBER		u - 5	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)								
(Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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This Application for Registration	of Sch	ool Bus and	d State Reimbursement		accordance with Section 2 eviewed and I certify that this			
area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date								



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Due Dates:	This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.									
County Name County Number County Number District Name Legal Entity Number Age Length of Route (miles per day) Type of Service Bus Route Mileage Ge Ge Ge Ge Ge Ge Ge			o a g						Rate Per Mile	
Lake 24 Charlo Public Schools 1205 1206 Route # Jas Berder Gapacity Type of Service Bus Route Mileage Rated Capacity Survey School S			, ,					\$1.36		
Route # Length of Route (miles per day) 38.6 39.8 30.6 3	County Name			County Number Distric			Name	Legal Entity Number		
Route # Length of Route (miles per day) 38.6 39.8 30.6 3	Lake			24			Public Schools		1205 1206	
Additional Wheelchairs (WC) Non-WC IEP Litis Trans as Related Service TOTAL RIGIBLE RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area as Superintendent; and to provide a incensed, qualified and approved by the county Transportation for registration of registration of school by and within the transportation area assigned and approved by the Superintendent; and to provide a licensed, qualified and approved by and within the transportation area assigned of state for the place of the		Leng	th of Route	e (miles per day)			Service Bus Rout			
Vehicle ID. # License # District Owned 234 District Owned Contract Hs o, Name of Owner Contract Hs o, Name of Owner Contracted rate per mile Contract Hs o, Name of Owner Contracted rate per mile C	4	38.6	6							
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity L	Vehicle I.D. #		License #			District	Owned		rned	
Legal Entity Legal	4408		234					er 		
Legal Entity 1206 Legal Entity 1206 % 50.00 % 50.00 % 50.00 % 50.00 % 50.00 % 50.00 % 50.00 % 50.00 % 50.00 % 50.00 % 60 MIGH SCHOOL RIDERS (Grades 9-12) ELEMENTARY RIDERS (Grades 9-12) ELIGIBLE RIDERS ITOTAL ELIGIBLE RIDERS Regular (include eligible) TOTAL ELIGIBLE RIDERS Regular (include eligible) TOTAL ELIGIBLE RIDER	Reimbursement Distribution- Er	nter the	e legal enti					oe paid to each d	listrict. Note: Percentages	
PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELEMENTARY RIDERS (Grades 9-12) ELIGIBLE RIDERS (Idrades 9-12) ELIGIBLE RIDERS (Idrades 9-12) TOTAL RIDERS (Idrades 9-12)				ity	ot mate			Legal En	tity	
PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS riding this route a b c c a + b NUMBER NUMBER a + b	1205			1206						
Number of Preschool/Kindergarten pupils (Grades PK-8) Cand Candes Ca	% 50.00		% 5	0.00		%		%		
Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS riding this route a NUMBER NUMBER C a + b Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchair (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) Ineligible Public School Riders (ii.e., under 3 miles OR nonresident and no attendance agreement) Ineligible Public School Riders (ii.e.) under 3 miles OR nonresident and no attendance agreement) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 2-0-10-101, MCA. We agree to supervision of this bus and bus route by the State Superimendent, to make such reports to the State Demindent and County Superintendent and County Superintendent and County Superintendent and County Superintendent in the State Superintendent, and to provide a licensed qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from solicing or causing others to solicit students from other transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent is copy of this document. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and tr	PASSENGER INFORMATION			ELEMENTA DV D	VDED(2	111011 001100	L DIDEDO	TOTAL	
Regular (include eligible Preschool/Kindergarten riders) 1st Whelchair (WC) 2nd Wheelchair (WC) 2nd Wheelchair (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles QR nonresident and no attendance agreement) (Include ineligible) Preschool/Kindergarten inders) Nonpublic School Riders (i.e., under 3 miles QR nonresident and no attendance agreement) Nonpublic School Riders (i.e. inder 3 miles QR nonresident and no attendance agreement) Nonpublic School Riders (i.e. inder 3 miles QR nonresident and control of the school/Kindergarten inders) Nonpublic School Riders (i.e. inder 3 miles QR nonresident and control of the school/Kindergarten inders) Nonpublic School Riders (i.e. inder 3 miles QR nonresident and control of the school/Kindergarten inders) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Mortana Highway Patrol and the State Superintendent, and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We agree to refrain from sociling or causing others to solicit students from other transportation areas. We also agree to refrain from sociling or causing others to solicit students from other transportation areas. We agree that if this route crosses district lines and transports students from other transportation areas. We agree that if this route crosses district lines and transports students from other transportation area.		ten pur	pils			5				
Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement). Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement). Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement). Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement). We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent: to make such reports to the State Superintendent: to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent as a required to a provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent is only early ea							T = = = = = = = = = = = = = = = = = = =		-	
1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Educin, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-103, MCA. To certi		Kinderga	arten	NUMBER			INOMB	LIX	a i b	
Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR norresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation and ransportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowle										
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Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation area assigned and approved by the County Transportation of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations og overning school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, an	Additional Wheelchairs (WC)									
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	This Application for Registration	of Sch	nool Bus a	nd State Reimburseme						
lacksquare				Committee.				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement even					one form for e	ach bus route that		
Due Dates: All Routes			To County Supt October 1			Rate Per Mile \$1.15		
County Name		County Number District Name				Legal Entity Number		
Lake		24	Charlo	Public Schools		1205 1206		
Route # Le	ength of Route	(miles per day)	Type of	Service Bus Route Mi		Rated Capacity		
6 97	7.2		Bus R	□ Non Bus Mile coute Mileage	age	54		
Vehicle I.D. #	License #		□ District	Owned (Contractor (
9044	J162			ct - If so, Name of Owner (cted rate per mile	Coulter Auto	omotive Inc		
Reimbursement Distribution- Enter t	the legal entity		e of state/co atch budget		aid to each dis	strict. Note: Percentages		
Legal Entity	Legal Enti	ty	Legal E		Legal Entit	ty		
1205		1206						
% 50.00	% 50	0.00	%		%			
PASSENGER INFORMATION								
Number of Preschool/Kindergarten riding this route	pupils	ELEMENTARY RIDE (Grades PK-8)	ERS	S HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
		а		b		C		
Regular (include eligible Preschool/Kinde	ergarten	NUMBER		NUMBER		a + b		
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Serv	vice							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., under miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarter Nonpublic School Riders (ineligible)	e							
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area assigned to it by the County Tr Signature - Chair, County Transportation		Committee.			Date			